

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584719

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			—			
4			1			
5			—			
6			—			
7			1			
8			—			
9			1			
10			—			
11			—			
12			1			
13			1			
14			—			
15			1			
16			1			
17			1			
18			—			
19			—			
20			—			
21			—			
22			1			
23			—			
24			—			
25			1			
26			—			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			—			
36			—			
37			—			
38			—			
39			—			
40			—			
41			—			
42			—			
43			—			
44			—			
45			—			
46			—			
47			—			
48			—			
49			—			
50			—			
TOTAL IND.			4			
TOTAL DEP.			17			
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						